<b>=</b> :	
	Case Name
	Case Number
	Worker Number

## RESPONSIBILITIES OF PUBLIC GUARDIANS/CONSERVATORS OR APPLICANT/BENEFICIARY REPRESENTATIVES

You have accepted the responsibility to act on behalf of State law and regulation require you to report to the county wo the applicant/beneficiary within ten calendar days follow cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on behalf of the beneficiary in any review that recompleted the cooperate fully on the cooperate full of the cooperate fully on the cooperate full of the	ring the date the change occurred. You must also
Changes which must be reported within ten days include, but a	are not limited to:
1. A change in the beneficiary's property, including communit	y property.
2. A change in the beneficiary's income.	
3. Entitlement to Veteran's Benefits or an increase in Veteran	's Benefits.
<ol> <li>Changes in health insurance coverage including enrollment of health insurance.</li> </ol>	nt in available health insurance or the discontinuance
5. A change in the beneficiary's living arrangement, household	d members, or residence.
6. The death of the applicant/beneficiary.	
7. A change in guardianship/conservator or representative sta	atus.
8. Any other change in circumstances which may affect eligib	ility or share of cost.
You are also required (pursuant to Probate Code, Sec Section 14009.5) to report the death of the beneficiary within 9	
Department of Heal Recovery Section P.O. Box 2471 Sacramento, CA 95	
Refer to "IMPORTANT INFORMATION FOR PERSONS REQ list of your reporting responsibilities.	UESTING MEDI-CAL" (MC 219) for a more complete
I hereby state, under penalty of perjury, that the information of understand my responsibilities as the guardian, conservator of	
Name of Beneficia	ary
Signature of Guardian/Conservator or Representative	Date
Address of Cuardias/Consequator or Penrocentative	Tolophona Number of Guardian/Concentrator or Penracentative